

NPAF National Patient Advocate Foundation

The Patient's Voice | *since 1996*

EXECUTIVE BOARD

Nancy Davenport-Ennis

CEO, President
National Patient Advocate Foundation

Christian Doyns, MHA, JD

Board President
Executive Director

Association of Community Cancer Centers

Leah Locke-Arnett, RN, BSN, MHCA

Board Secretary
Associate Director

University Health Services

University of Texas at Austin

John L. Murphy

Board Financial Officer
Saguene Capital, LLC

Edward G. Connette, Esquire

Immediate Past President

Essex Richards, PA

Bruce Avery, MD

Hematology-Oncology Knoxville

Alan J. Balch, PhD,

Vice President

Preventive Health Partnership

Rene S. Cabral-Daniels, JD, MPH

Vice President of Grant Programs

Williamsburg Community Health Foundation

Martha E. "Meg" Gaines, JD, LL.M.

Clinical Professor of Law,

University of Wisconsin Law School

Dennis A. Gastineau, MD

Director, Human Cell Therapy Laboratory

Divisions of Transfusion Medicine & Hematology,

Mayo Clinic

Venus Ginés, MA

Founder & CEO

Dia de la Mujer Latina, Inc.

Lovell A. Jones, MD, PhD

Director, Center for Research on Minority Health

Department of Health Disparities Research

University of Texas

MD Anderson Cancer Center

Pearl Moore, RN, MN, FAAN

CEO (Ret.)

Oncology Nursing Society

Jonathan B. Perlin, MD, PhD, MSHA, FACP, FACMI

President, Clinical Services & Chief Medical Officer

HCA / Hospital Corporation of America

Roy Ramthun, MSPH

President

HSA Consulting Services

Reed V. Tuckson, MD, FACP

Executive Vice President and

Chief of Medical Affairs

UnitedHealth Group

SCIENTIFIC BOARD

Robert M. Rifkin, MD, FACP

Chair, PAF Scientific Board of Directors

Director, Cellular Therapeutics

Rocky Mountain Blood & Marrow Transplant Program

Rocky Mountain Cancer Centers

Charles Balch, MD, FACS

Professor of Surgery and Oncology and Dermatology

Deputy Director, Johns Hopkins Institute for Clinical

and Translational Research

Johns Hopkins

Pamela S. Becker, MD, PhD

Associate Professor of Medicine/Hematology

Institute for Stem Cell and Regenerative Medicine

University of Washington

Al Benson III, MD, FACP

GI Medical Oncology (Professor of Medicine)

Northwestern University - Feinberg School of Medicine

David Brizel, MD

Professor of Radiation Oncology

Associate Professor of Head and Neck Surgery

Duke University Medical Center

Nicholas J. Petrelli, MD, FACS

Medical Director

Helen F. Graham Cancer Center

F. Marc Stewart, MD

Professor of Medicine, University of Washington

Fred Hutchinson Cancer Research Center

Lori Williams, PhD, RN, AOCN

University of Texas

MD Anderson Cancer Center

February 24, 2010

The Honorable Harry Reid
United States Senate
Washington, DC 20510

Dear Majority Leader Reid:

February 25th, 2010 is a historic day in the lives of many people in America for it is day of both hope and promise that the issues denying them access to healthcare today will be resolved for them and future generations. It is a day of hope that policy agreement will triumph over partisan politics. It is a day in which you will work to find solutions to the issues National Patient Advocate Foundation has advanced on behalf of the millions of patients we have served through Patient Advocate Foundation, an organization with professional case management services solving access to healthcare issues every day since April 1996 for people with chronic, life-threatening and debilitating illnesses. Enclosed we have provided to you three cases from your state citing their specific issues PAF solved in order to assure their continued access to healthcare for their diagnosis. All politics is local. All solutions negotiated by you in the following days, will be local and will directly touch the lives of these three people we are introducing to you today. For eleven years, you have met with our patients who come to Washington every June to discuss with you their appreciation for improvements you have made to health care and to cite areas of concern that have impacted them directly.

The National Patient Advocate Foundation (NPAF) thanks you for your leadership and tireless work on health care reform while acknowledging that the work goes on as we urge you to eliminate pre-existing condition exclusions and waiting periods for all individuals in every health insurance market as the fundamental step to level the playing field of access to healthcare for more people in America. In addition, we urge you to eliminate annual, monthly and lifetime caps on coverage including both disease specific and dollar values. If the goal is to assure affordability, this process will bring us one step closer to transitioning to a system of sustained affordability for consumers.

We urge that the final health care reform bill eliminate preexisting condition exclusions and waiting periods for all individuals in every health insurance market beginning no later than 2013 to ensure access to care. Until 2013, we also support the creation of transitional high-risk pool(s) as provided in legislation passed by both the Senate and the House of Representatives and urge the authorization of additional funding to assure adequate resources to cover those in the pool(s). We note, however, that the imposition of age rating within a high-risk pool imposes an additional burden to those rated as all individuals, by definition, are high-risk. To exemplify this I share the following summary: the average cost for individual coverage in 2009 was \$4,824; 4 to 1 age rating, as proposed in the

Senate bill, would bring that cost up to \$19,296/year for an individual in the high-risk pool. We have no national study to affirm that \$19,296.00 is affordable or achievable for those seeking shelter in a high-risk pool.

NPAF commends Congress for addressing the barrier that annual and lifetime limits present for patients as acknowledged in legislation you are discussing. It is important that loopholes be removed that may deny care to patients by allowing the imposition of annual limits on specific services and/or diseases. The patients we represent routinely hit annual limits on the number of rehabilitation visits, radiation visits and disease dollar caps that are allowed in their insurance policies. We urge you to adopt language on annual limits as part of the final health care reform bill and to make clear in the legislation that all limits on dollar value, services or specific diseases based on time periods are prohibited. While such limits may control costs to the health plan, they do not address or support the fundamental reason consumers purchase health insurance.

NPAF also supports a yearly cap on out-of-pocket spending so that health insurance coverage is affordable for the patients we represent. Last year, 65% of all patients contacting PAF reported medical debt crisis as their primary issue. Of those, approximately 93% had health insurance coverage. This startling statistic clearly illustrates the need for a cap on out-of-pocket spending so that American families are not forced into medical bankruptcy as a result of poor quality insurance coverage. A recent study by The American Journal of Medicine found that 62% of all bankruptcies are related to sickness. Of those, 75% reported having medical insurance.

Again, NPAF thanks you for your tireless work on health care reform and for your participation in the bipartisan health care reform meeting. We share your hope for achieving the historic goal of meaningful and comprehensive health reform in the near future.

Respectfully submitted,



Nancy Davenport-Ennis
Founder & CEO

Cc: Grayson Fowler, EVP of Government Affairs
Joe Lessen, Senior VP of Federal Legislative Affairs
Amy Wotring, Vice President of Federal Government Affairs